

DECLARATION/ POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION

- ☐ Declaration Submitted With Initial Filing (37 CFR 1.63)
 ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)
 ☐ Supplemental Declaration (37 CFR 1.67)

I/we hereby authorize my/our attorney(s)/agent(s), at the time of filing of this Declaration/Power of Attorney for Utility or Design Patent Application, to select the appropriate check box (shown above), and to enter the application number and filing date in the caption of this document.

Attorney Docket Number: JMYT-368US

First Named Inventor: Fiona Obrock Gelser

COMPLETE IF KNOWN

Application Number: 10/584,122

Filing Date:

Art Unit:

Examiner Name:

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PROCESS FOR PURIFYING (-)- Δ^9 -TRANS-TETRAHYDROCANNABINOL

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 06/23/2006 as United States Application or PCT International Application Number 10/584,122 and was amended on (MM/DD/YYYY) 06/23/2006.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
0329835.7	GB	12/23/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet attached hereto.

Declaration/Power Of Attorney for Utility or Design Patent Application (continued)

I hereby appoint:

☒ Practitioners at Customer Number 23122

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Direct all correspondence to:

☒ Practitioners Customer Number listed above; OR☐ Correspondence Address Below

Name:

Address:

City:

State:

Zip:

Country:

Telephone:

Fax:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A Petition has been filed for this unsigned inventor.

Given Name (first and middle (if any))

Family Name or Surname

Fiona Obrock

Gelser

Inventor's Signature

Fiona Obrock Gelser

Date:

4/21/2007

Residence: City: Glen Mills

State: PA

Country: United States

Citizenship: United States

Mailing Address: 1054 Wilson Avenue

Mailing Address:

City: Glen Mills

State: PA

Zip: 19342

Country: United States

☒ Additional Inventors are listed on the next page.

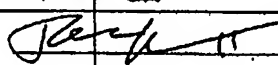
Declaration/Power Of Attorney for Utility or Design Patent Application

(continued)

Name of Second Inventor:		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
John James		Keenan	
Inventor's Signature _____		Date: _____	
Residence: City: Franklinville	State: NJ	Country: United States	Citizenship: United States
Mailing Address: 227 Deerwood Drive			
Mailing Address:			
City: Franklinville	State: NJ	Zip: 08322	Country: United States
Name of Third Inventor:		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Ronald		Rossi	
Inventor's Signature _____		Date: _____	
Residence: City: Mullica Hill	State: NJ	Country: United States	Citizenship: United States
Mailing Address: 744 Tomlin Station Road			
Mailing Address:			
City: Mullica Hill	State: NJ	Zip: 08062	Country: United States
Name of Fourth Inventor:		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Albert		Sanchez	
Inventor's Signature _____		Date: _____	
Residence: City: Wilmington	State: DE	Country: United States	Citizenship: United States
Mailing Address: 1803 Graywell Road			
Mailing Address:			
City: Wilmington	State: DE	Zip: 19803-3318	Country: United States
<input checked="" type="checkbox"/> Additional inventors are listed on <u>1</u> Supplemental Sheet(s).			

DECLARATION/POWER OF ATTORNEY - SUPPLEMENTAL SHEET

Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
John Michael II		Whelan	
Inventor's Signature 		Date: 6/25/07	
Residence: City: Mount Lebanon	State: PA	Country: United States	Citizenship: United States
Mailing Address: 4432 S. Meadowcroft Avenue			
Mailing Address: Mount Lebanon			
City:	State: PA	Zip: 15228	Country: United States
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date:	
Residence: City:	State:	Country:	Citizenship:
Mailing Address:			
Mailing Address:			
City:	State:	Zip:	Country:
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date:	
Residence: City:	State:	Country:	Citizenship:
Mailing Address:			
Mailing Address:			
City:	State:	Zip:	Country:

DECLARATION/ POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION

☐ Declaration
Submitted
With Initial
Filing
(37 CFR 1.63)

☒ Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

☐ Supplemental
Declaration
(37 CFR 1.67)

I/we hereby authorize my/our attorney(s)/agent(s), at the time of filing of this Declaration/Power of Attorney for Utility or Design Patent Application, to select the appropriate check box (shown above), and to enter the application number and filing date in the caption of this document.

Attorney Docket Number:

JMYT-368US

First Named Inventor:

Fiona Obrock Geiser

COMPLETE IF KNOWN

Application Number:

10/584,122

Filing Date:

Art Unit:

Examiner Name:

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PROCESS FOR PURIFYING (-)- Δ^9 -TRANS-TETRAHYDROCANNABINOL

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 06/23/2006 as United States Application or PCT International Application Number 10/584,122 and was amended on (MM/DD/YYYY) 06/23/2006.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
0329635.7	GB	12/23/2003	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet attached hereto.

Declaration/Power Of Attorney for Utility or Design Patent Application

(continued)

I hereby appoint:

☒ **Practitioners at Customer Number 23122****OR**☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Direct all correspondence to:

☒ Practitioners Customer Number listed above; **OR**☐ Correspondence Address Below

Name:

Address:

City:

State:

Zip:

Country:

Telephone:

Fax:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:☐ A Petition has been filed for this unsigned Inventor.

Given Name (first and middle (if any))

Family Name or Surname

Fiona Obrock

Gelser

Inventor's Signature _____

Date: _____

Residence: City: Glen Mills

State: PA

Country: United States

Citizenship: United States

Mailing Address: 1054 Wilson Avenue

Mailing Address:

City: Glen Mills

State: PA


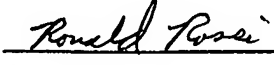
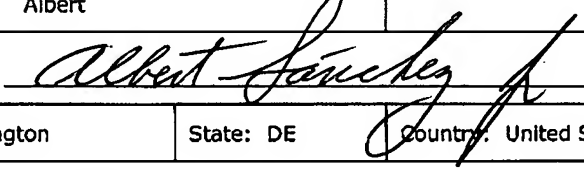
Zip: 19342

Country: United States

☒ Additional inventors are listed on the next page.

Declaration/Power Of Attorney for Utility or Design Patent Application

(continued)

Name of Second Inventor:		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
John James		Keenan	
Inventor's Signature 		Date: <u>5/23/07</u>	
Residence: City: Franklinville	State: NJ	Country: United States	Citizenship: United States
Mailing Address: 227 Deerwood Drive			
Mailing Address:			
City: Franklinville	State: NJ	Zip: 08322	Country: United States
Name of Third Inventor:		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Ronald		Rossi	
Inventor's Signature 		Date: <u>6/8/07</u>	
Residence: City: Mullica Hill	State: NJ	Country: United States	Citizenship: United States
Mailing Address: 744 Tomlin Station Road			
Mailing Address:			
City: Mullica Hill	State: NJ	Zip: 08062	Country: United States
Name of Fourth Inventor:		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Albert		Sanchez	
Inventor's Signature 		Date: <u>5/25/07</u>	
Residence: City: Wilmington	State: DE	Country: United States	Citizenship: United States
Mailing Address: 1803 Graywell Road			
Mailing Address:			
City: Wilmington	State: DE	Zip: 19803-3318	Country: United States
<input checked="" type="checkbox"/> Additional inventors are listed on <u>1</u> Supplemental Sheet(s).			

DECLARATION/POWER OF ATTORNEY - SUPPLEMENTAL SHEET

Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
John Michael		Whelan	
Inventor's Signature _____		Date: _____	
Residence: City: Media	State: PA	Country: United States	Citizenship: United States
Mailing Address: 410 Gayley Street			
Mailing Address: Apt. C302			
City: Media	State: PA	Zip: 19063	Country: United States
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature _____		Date: _____	
Residence: City:	State:	Country:	Citizenship:
Mailing Address:			
Mailing Address:			
City:	State:	Zip:	Country:
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A Petition has been filed for this unsigned inventor.	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature _____		Date: _____	
Residence: City:	State:	Country:	Citizenship:
Mailing Address:			
Mailing Address:			
City:	State:	Zip:	Country: